THE URBAN DISTRICT OF DISS

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH AND THE PUBLIC HEALTH INSPECTOR FOR THE YEAR 1965.

HEALTH COMMITTEE 1965/66

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DISS URBAN DISTRICT COUNCIL

THE ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1965

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Report on the state of the public health in this District for the year ended 31st December 1965.

INTRODUCTION

We are all aware that the problems of public health have changed very greatly in the present century and particularly in the last decade. Control of the environment and immunisation of the people have reduced the hazard of infectious disease almost to insignificance and education, improved nutrition and advances in curative medicine have similarly played their part both in extending the average span of life and in improving its vigour. Looking back on this splendid record of success it is sometimes concluded that there is nothing left to do and it is, indeed, a very common attitude of mind to accept the present as the definitive pattern of things and to reject any thought of change. But it may be that we are no more justified in accepting the present public health situation as the ultimate goal than were those worthies of the mid 19th century, and they were in overwhelming majority, who then saw no need for sanitary reform. Diseases of squalor and poverty no longer present an important problem but the diseases of plenty have come forward to fill the gap. Overeating, smoking, the motor car with the accompanying abandonment of our old fashioned way of getting around on two legs, have all contributed to the changing disease pattern. And the price of these pleasures, the rush, worry and competition of much modern employment, may well have contributed most.

Thus the present day public health problem can no longer be dealt with, as in the past, by appropriate legislation, but by obtaining the intelligent co-operation of the people and this is what health education is all about. If health education is looked at in this light then it becomes less a matter to be treated with derision and more the potential key-stone of the new public health. However there has so far been little evidence that this necessary co-operation is being obtained and the failure of health education is most clearly demonstrated in the continuing public enthusiasm for cigarette smoking. During the year there were 26,399 deaths from lung cancer, the number increases by a thousand or more in every successive report, and at least 90% of these deaths would not have occurred had the victims not acquired the smoking habit. This preventable annual loss of life continues to be accepted with

massive calm, not to say indifference, and this seems such a remarkable thing that I feel that no apology is needed for having brought the matter to your attention in a third annual report. The following death rates, from a study by Doll and Hill (1964), are highly significant.

Death Rates (all causes) per 1,000 male population

Age	Non-smokers	Cigarette smokers
25-44	1.2	2.04
45-54	4.12	7.62
55-64	12.08	20.70
65-74	30.56	48.96
75+	114.29	111.37

It will be noted that smokers at any age up to 75 years have nearly twice the chance of dying in a given year than non-smokers of the same age. Over 75 years the non-smokers are at a disadvantage but this, of course, is because there are by then so few smokers still in the race.

In the second half of the year the Minister of Health asked local authorities to reconsider the position in regard to the fluoridation of public water supplies and I submitted a report on the subject. It was resolved to take no action until the County Council had decided whether it would be prepared to meet the expenses of the measure and in due course the County decided against. Fluoride occurs naturally in Diss water in an amount that is about half way between the negligible quantity that is usual in East Anglian deep bore water from chalk and the amount that is optimum for sound dental health and there is evidence that the teeth of Diss children are in fact sounder than those of children using less favoured water supplies. Because of this local experience it might have carried weight had Council been able to express itself in favour of fluoridation.

A new scientific term, hypothermia, came into popular use during the year. It was alleged, and it has not been disproved, that many thousands of old people die each winter from the effects of the cold. These deaths have been put down to such causes as pneumonia or heart failure and it is probable that in the majority of cases there has been some specific disease present, or perhaps a general senility, but it is claimed that the real cause of death has been excessive cooling of the body and that death would not otherwise have occured at that time. It will be remembered that body temperature is normally 98.4°F and since unheated bedrooms have often been found to have an air temperature below freezing (32°F), it is not surprising that an old person, perhaps inadequately fed and clothed and incapable of the vigorous heat producing activity of shivering, should lose heat. Thermal insulation in houses is therefore not only of economic importance in avoiding fuel waste but of great public health importance. The case for providing space heating from a central source in grouped home dwellings for old people must now be regarded as proven.

It is intended this year to include a short section in the report on County Council services provided under the National Health Service and National Assistance Acts. Your Council has few responsibilities under these Acts which are concerned with individual health and welfare but it is felt that these are matters in which a member of a public health authority ought to be interested. Furthermore, your Council is responsible under the National Assistance Act for obtaining the compulsory removal to hospital or County home of sick or aged people who are not getting satisfactory care and attention. This is dangerous ground on which either action or inaction may be held wrong. Situations arise

from time to time in which old people, living alone in squalor in derelict dwellings, refuse to accept admission to a County home. Forcible removal would evoke criticism of interference with liberty whilst inaction might be followed by the tragedy of fire or other accidental death, this again proving matter for criticism. I have no doubt that one's duty is to act in the best interest of the individual and that possible public censure should not weigh unduly.

It is extremely pleasant to be able to report that the public health in Diss in 1965 was satisfactory. The average age at death was 75.1 years which compares remarkably well with an expectation of life at birth in England and Wales of 68.1 years for males and 74.2 years for females. There was no undue incidence of infectious disease and the statistics relating to child birth and infant life were very encouraging. Meanwhile steady progress was made in all the aspects of public health work for which your Council is responsible.

STAFF

Dr. D.F. Hadman, Medical Officer of Health, served throughout the year as did Mr. D. Newson, Public Health Inspector.

VITAL STATISTICS

(a) General

The following data, with the exception of the last paragraph, is supplied by the Registrar-General. By 'correcting' the birth and death rates to allow for the age structure of Diss compared with the rest of the country, and by treating all the district rates with the reservation due to information based on small numbers, it is possible to reach conclusions about the state of health of the District.

(b) Population

The mid-year population of Diss Urban District in 1965 was estimated at 4,000 an increase of 120 over the 1964 figure. Since there was a natural increase in population of 24 it would appear that new residents outnumbered those moving away from the District by very nearly one hundred.

(c) Births

There were 68 births (39 boys and 29 girls) during the year. The crude birth rate was therefore 17.0 live births per thousand population and the corrected rate was 18.5 per thousand, the same as in 1964. The provisional rate for England and Wales in 1965 was 18.1 births per thousand population.

There were no illegitimate births compared with 2 in the previous year and 10 in 1963.

Nine premature babies were born and all survived - a record that reflects great credit on those concerned.

(d) Stillbirths

For the second successive year none was notified - a situation comparing most favourably with a provisional stillbirth rate in England and Wales in 1965 of 15.7 stillbirths per 1,000 total births.

(e) Infant Mortality

The provisional infant mortality rate for England and Wales in 1965 was 19.0 infant deaths per 1,000 live births, a lowest ever figure. There has in fact been a steady decline in the rate since 1955 although the decline has slowed as more and more preventable causes of infant death have been dealt with leaving the hard core of cases of congenital abnormality to which the answer is not yet known.

One infant died in Diss in 1965 and the infant mortality rate was therefore 14.7 infant deaths per 1,000 live births.

(f) Perinatal Mortality

This refers both to still births and to infants dying in the first week of life and thus gives more accurate information as to the outcome of pregnancy than the stillbirth rate because it is often quite fortuitous whether a grossly malformed foetus is stillborn or survives for a short while after birth.

No such deaths occurred in Diss in 1965 and this is the second year in which this excellent record has been maintained. The national perinatal mortality rate for 1965 was 26.8 deaths per 1,000 total births.

(g) Deaths

Deaths numbered 44 compared with 58 in 1964 and as has been stated, the average age at death was 75.1 years which is a very satisfactory figure. The crude death rate was 11.0 deaths per 1,000 population and the corrected rate was 9.7 deaths. This may be compared with a provisional England and Wales rate for 1965 of 11.5 deaths per 1,000 population.

Detailed mortality statistics are listed in Tables 10 and 11 and it will be seen that 25 of the total of 44 deaths occurred at 75 years or more of age, a proportion of 57% which compares favourably with the 1964 figures of 54%. In previous reports attention has been drawn to the life wastage suffered by those dying in the age group 45 to 65 years and it has been suggested that many of these deaths should be regarded as preventable and particularly those due to the following principal causes.

	1965	1964	1963
Cancer	4	3	4
Coronary disease	2	2	-
Accidents	-	2	-
Bronchitis	-	1	-
	6	8	4

There were two accidental deaths (6 in 1964) and both were subsequent to falls at home in elderly ladies. There were again no accidental deaths in childhood and there was no case of suicide.

(h) Road Injuries Data

The following details of road accidents are again made available by the Chief Constable. They follow the pattern of 1964 and indicate neither improvement nor deterioration in this grave problem.

Class of Casualty	Fatal	Serious	Slight
Drivers	-	1	2
Passengers	-	1	1
Pedestrians	-	-	2
Motor Cyclists	-	7	5
Pillion Passengers	-	1	1
Pedal Cyclists	-	1	6
Total	-	11	17

COMMUNICABLE DISEASES

Thirty eight cases of infectious disease were notified during 1965, the details being appended in tables 15 to 17. MEASLES was responsible for 28 of these notifications, the usual two yearly epidemic having started towards the end of the year. Vaccination is now available against measles and the fact that one child in some 5,000 cases dies must be considered in judging the need for protection. The present position is that no widespread scheme is to be offered to the public at this stage but that general practitioners will protect children at special risk.

Representations were made during the year that GERMAN MEASLES or rubella should be made notifiable. This was because of the association of the disease in early pregnancy with subsequent congenital abnormality. A minor outbreak of rubella occurred in September and October but happily without subsequent adverse effect.

Eight cases of SCARLET FEVER occurred without complication and the usual practice of checking for carriers among household contacts of school age was followed.

Two cases of TUBERCULOSIS were notified, both being pulmonary infection. One of these was diagnosed by the mobile radiography unit which visited Diss in September and X-rayed 1,668 people (846 males and 822 females). Of these, 19 X-rays showed some abnormality which justified follow up.

No case of FOOD POISONING nor of DYSENTERY was notified in 1965. In view of the considerable problem that these diseases have presented in urban areas in recent years, the District was fortunate.

ENVIRONMENTAL HYGIENE

(a) Housing

Good progress was made with the third phase of the Skelton Road housing development and at the end of the year 12 bungalows, 16 flats and 47 houses had been completed out of the total of 109 proposed dwellings. It was agreed that the subsequent housing target should be some 60 dwellings a year of which about 10 would be designed for old people.

(b) Sewage Disposal

The town works functioned very efficiently and produced an effluent of remarkably good quality considering the load placed upon it.

Some further progress was made in reducing the number of properties

still dependent on the night soil collection service but the situation will be unsatisfactory so long as any remain. This is particularly true since it becomes increasingly difficult to find people prepared to take on this sort of work.

Agreement was reached with Depwade Rural District Council by which Depwade will include a number of Diss dwellings in its sewerage scheme for the Louies Lane area in return for acceptance of the sewerage from the whole scheme at the Diss works.

(c) Water Supply

All samples of mains water sent for bacteriological examination were satisfactory.

(d) Food Hygiene

It seems likely that the assessment of bacteriological cleanliness and not just aesthetic cleanliness will play an increasing part in modern food hygiene work. With this in mind a number of bacteriological tests were made in selected food shops and it was shown that much could be achieved by the use of bactericidal detergents coupled with a systematic cleaning routine.

(e) The Swimming Pool

Routine sampling of water from the pool was satisfactory during the 1965 season and there was no hazard to the public health. However it is felt that a number of improvements are needed in order to bring it up to modern standards from both the public health and the aesthetic point of view.

COUNTY COUNCIL SERVICES

The following notes relate to some of the services provided by the County under the National Health Service and National Assistance Acts for the residents of Diss.

The statistics have already indicated that the maternal and child welfare services had a successful year. Thirty eight of the 68 births were conducted at home by the midwifery service. A survey was made by the Mothers' Union during the year in order to determine the attitudes of mothers in regard to the child welfare clinics. It appeared that the service was greatly appreciated.

The Welfare Officer for Area 5 moved office from Long Stratton to Harleston in 1965, but is available in Diss for half a day each week. He and his staff continued their excellent work in arranging for the welfare of the aged and the mentally handicapped or mentally ill. The Home Help Service continued to expand, partly due to the increasing number of old people, whilst the meals on wheels service continued to operate under the direction of the W.V.S. and was greatly appreciated. The Old People's Club flourished and its activities were certainly a source of strength to many of the members. Two mentally handicapped children likely to benefit by training attended the Junior Training Centre at Attleborough and an older one attended the social centre at Spooner Row, and also enjoyed an assisted holiday at Overstrand.

The Depwade and Diss Committee of the Norfolk Association for the Care of the Physically Handicapped continued its good work and arranged holidays, visits, home training and social functions for its members.

The above paragraphs give some account of the services provided by the County either directly or through voluntary agencies, for the care of the individual in need but it is far from complete.

During the year a site was approved for a County Home for the Elderly in Victoria Road. This home will be a boon to those elderly people of Diss who need such accommodation but who wish to remain close to friends and relatives.

CONCLUSION

I am grateful to the Chairman of the Council and the Chairman and members of the Public Health Committee for their encouragement throughout the year.

I would like also to acknowledge the co-operation of the Clerk of the Council and the Public Health Inspector as well as all those other members of the staff at Diss and at the Norwich office who have always shown themselves eager to contribute to the care of the public health.

I have the honour to be,

Your obedient servant,

D.F. MADIAN.

Local Health Office,
Aspland Road,
NORWICH,
Norfolk,
NOR 19S.

DISS URBAN DISTRICT - 1965

Table 1. GENERAL STATISTICS

Area (in acres) (including water)	3,674
Estimated Resident Population	4,000
Rateable Value	£137,990
Sum produced by a Penny Rate	£595

Table 2. LIVE BIRTHS

	Males	Females	Total
Legitimate	39	29	68
Illegitimate	-	-	-
Totals	39	29	68

Live Birth Rate per 1,000 of estimated resident population = 17.0

Table 3. STILL BIRTHS

	Males	Females	Total
Legitimate	NIL	NIL	NIL
Illegitimate			
Totals	-	-	-

Still Birth Rate per 1,000 total births = 0.0

Table 4. TOTAL BIRTHS

	Males	Females	Total
Live	39	29	68
Still	-	-	-
Totals	39	29	68

Table 5. INFANT DEATHS

(a) Infant Mortality (Deaths of Infants under 1 year)

	Males	Females	Total
Legitimate	1	-	1
Illegitimate	-	-	-
Totals	1	-	1

Infant Mortality Rates:
Total = 14.7 (per 1,000 live births)
Legitimate = 14.7 (per 1,000 legitimate births)
Illegitimate = 0.0 (per 1,000 illegitimate births)

(b) Neo-Natal Mortality (Deaths of Infants during first four weeks)

	Males	Females	Total
Legitimate	1	-	1
Illegitimate	-	-	-

Neo-Natal Mortality Rate (per 1,000 live births) = 14.7

(c) Early Neo-Natal Mortality (Deaths of Infants under 1 week)

	Males	Females	Total
Legitimate	NIL	NIL	NIL
Illegitimate			

Early Neo-Natal Mortality Rate (per 1,000 live births) = 0.0

(d) Perinatal Mortality (Still births and deaths under 1 week)

	Males	Females	Total
Legitimate	NIL	NIL	NIL
Illegitimate			

Perinatal Mortality Rate (per 1,000 total births) = 0.0

Table 6. ILLEGITIMATE BIRTHS = NIL.

Table 7. MATERNAL DEATHS (Including abortion) = NIL.
Maternal Mortality Rate (per 1,000 total births) = 0.0

Table 8. DEATHS (All ages)

Males	Females	Totals
24	20	44

Crude Death Rate (per 1,000 of estimated resident population) = 11.0

Table 9. CAUSE OF DEATH OF INFANTS UNDER ONE YEAR

Cause	Males	Females	Total
32. Other defined and ill defined diseases	1	-	1

Table 10. NOTIFICATION OF DEATHS RECEIVED DURING THE YEAR
(According to Age Groups)

	Males	Females	Total
Under 4 weeks	1	-	1
4 wks. and under 1 yr.	-	-	-
1 " " 5	-	-	-
5 " " 10	-	-	-
15 " " 25	-	-	-
25 " " 35	-	-	-
35 " " 45	-	-	-
45 " " 55	1	1	2
55 " " 65	4	1	5
65 " " 75	7	4	11
75 and over	11	14	25
Totals	24	20	44

Table 11. CAUSE OF TOTAL DEATHS (Registrar-General)

Cause	Males	Females	Total
10. Malignant neoplasm, stomach	1	-	1
11. Malignant neoplasm, lung, bronchus.	2	1	3
12. Malignant neoplasm, breast.	-	1	1
14. Other malignant and lymphatic neoplasms.	2	2	4
17. Vascular lesions of nervous system.	3	2	5
18. Coronary disease, angina.	5	5	10
20. Other heart disease.	5	2	7
21. Other circulatory disease.	-	3	3
24. Bronchitis.	2	1	3
25. Other diseases of respiratory system.	1	-	1
27. Gastritis, Enteritis and Diarrhoea.	1	1	2
32. Other defined and ill-defined diseases.	2	-	2
34. All other accidents.	-	2	2
Totals	24	20	44

Table 12. SUMMARY OF BIRTH AND DEATH RATES

	1959	1960	1961	1962	1963	1964	1965
Live Births (per 1,000 pop)	(69)	(56)	(57)	(79)	(56)	(66)	(68)
Diss U.D.	19.1	15.4	15.8	21.6	15.1	17.0	17.0
Area 5.	13.7	14.1	14.2	13.9	15.2	14.9	14.4
England & Wales (provisional)	16.5	17.1	17.4	18.0	18.2	18.4	18.1
Still Births (per 1,000 total births)	(1)	(2)	(2)	(Nil)	(2)	(Nil)	(Nil)
Diss U.D.	14.3	34.5	33.9	0.0	34.5	0.0	0.0
Area 5.	19.9	20.7	8.9	21.4	29.1	6.7	13.5
England & Wales (provisional)	20.7	19.7	18.7	18.1	17.3	16.3	15.7
Crude Deaths (per 1,000 pop)	(48)	(38)	(45)	(48)	(32)	(58)	(44)
Diss U.D.	13.3	10.5	12.5	13.1	8.6	14.9	11.0
Area 5.	12.4	11.8	12.4	12.1	12.2	12.9	13.3
England & Wales (provisional)	11.6	11.5	12.0	11.9	12.2	11.3	11.5
Infant Mortality (per 1,000 live births)	(1)	(3)	(1)	(2)	(1)	(Nil)	(1)
Diss U.D.	14.5	53.6	17.5	25.3	17.9	0.0	14.7
Area 5.	25.4	14.1	9.0	14.5	11.6	20.5	6.8
England & Wales (provisional)	22.0	21.7	21.4	21.4	20.9	20.0	19.0

NOTE: 1. Figures in brackets are the actual numbers for Diss U.D.
2. Area 5 comprises Depwade and Loddon R.Ds. and Diss and Wymondham U.Ds.

Table 13. DEATHS DUE TO CANCER - Diss U.D.

	1959	1960	1961	1962	1963	1964	1965
Number of deaths.	19	7	5	16	11	11	9
Percentage of total deaths.	39	18	11	33	34	19	20

Table 14. CANCER DEATHS DURING LAST FIVE YEARS - Diss U.D.

Year	Male			Female		
	Total Deaths	Total Cancer Deaths	Cancer of Lung	Total Deaths	Total Cancer Deaths	Cancer of Lung
1965	24	5	2	20	4	1
1964	33	5	2	25	6	-
1963	13	3	1	19	8	-
1962	25	9	3	23	7	-
1961	27	3	2	18	2	-
Totals	122	25	10	105	27	1

Table 15. NOTIFICATION OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS) (According to Age Groups - Diss U.D.)

	Under 1	1-4 yrs.	5-14 yrs.	15-24 yrs.	Over 25	Total
Scarlet Fever	-	1	7	-	-	8
Measles	1	10	16	-	1	28
Totals	1	11	23	-	1	36

Table 16. INCIDENCE OF INFECTIOUS DISEASE (EXCLUDING TUBERCULOSIS) DURING LAST FIVE YEARS - Diss U.D.

	1961	1962	1963	1964	1965
Scarlet Fever	-	1	1	8	8
Measles	140	1	95	63	28
Whooping Cough	-	3	7	4	-
Pneumonia	2	-	-	-	-
Dysentery (Sonne)	5	-	-	-	-
Food Poisoning	-	-	-	1	-
Infective Jaundice	1	-	-	-	-
Puerperal Pyrexia	1	-	-	-	-
Totals	149	5	103	76	36

Table 17. DETAILS OF NEW CASES OF TUBERCULOSIS FOR LAST FIVE YEARS Diss U.D.

		1961	1962	1963	1964	1965
Pulmonary						
	Male	-	-	1	1	2
	Female	1	-	-	-	-
Non-Pulmonary						
	Male	-	-	-	-	-
	Female	-	-	-	-	-
Diss U.D.	Total	1	-	1	1	2
Area 5.	Total	12	8	6	7	8

Table 18. VACCINATION AGAINST SMALLPOX

Vaccination of children (under five years of age) during the last five years resident in the District and Area 5, are shown in the following table.

	Diss U.D.					Area 5.				
	1961	1962	1963	1964	1965	1961	1962	1963	1964	1965
Number of live births registered.	57	79	56	66	68	556	550	601	592	584
Number of vaccinations recorded (0-4yrs.)	62	33	45	15	25	458	420	222	276	326
Percentage vaccinated.	100	42	80	23	37	82	76	37	46	56

Table 19. DIPHTHERIA IMMUNISATION

The following is the number of primary immunisations and booster injections given during the last five years in respect of Area 5.

Year	Primary Injections			Booster Injections	
	Under 1	Total Under 5	Age 5-14	Under 5	Age 5-14
1965	165	474	74	210	899
1964	204	486	28	125	342
1963	244	547	97	94	861
1962	155	448	28	48	304
1961	295	598	157	89	766

Table 20. VACCINATION AGAINST POLIOMYELITIS

The following is the number of primary immunisations and boosters given in Area 5 since the scheme commenced. Table A shows the numbers immunised with the Salk vaccine (by injection) and Table B those given the Sabin vaccine (Oral) which became generally available in mid-1962.

(A) Salk:

Year	Primary			Booster (3rd)			Booster (4th)
	Age 0-4	Age 5-14	Age 15+	Age 0-4	Age 5-14	Age 15+	Age 5-12
1965	28	2	*	18	7	*	-
1964	24	5	1	30	5	-	5
1963	31	4	26	42	6	31	-
1962	234	37	151	294	115	914	27
1961	601	535	2068	427	228	824	3017
1960	397	227	853	660	566	1636	-
1959	593	677	2220	1377	3261	864	-
1958	1648	3159	154	32	1284	2	-
1957	197	1115	-	-	-	-	-
1956	40	121	-	-	-	-	-

(B) Sabin:

Year	Primary			Booster (3rd - after 2 Salk)			Booster (4th)
	Age 0-4	Age 5-14	Age 15+	Age 0-4	Age 5-14	Age 15+	School Age
1965	470	39	*	-	-	*	519
1964	554	129	22	5	1	-	785
1963	424	22	15	66	2	-	483
1962	197	131	1359	230	312	1077	426

* Records of persons over 15 years not available.

Table 21. IMMUNISATION AGAINST WHOOPING COUGH

The following is the number of whooping cough primary immunisations recorded in Area 5 during the last five years.

Year	Primary				Booster
	Under 1	Age 1-4	Age 5-14	Total	Under 5
1965	161	302	4	467	185
1964	202	276	8	486	89
1963	244	301	5	550	86
1962	149	291	12	452	45
1961	291	300	26	617	82

Table 22. IMMUNISATION AGAINST TETANUS

The following is the number of tetanus immunisations recorded in Area 5 during the last five years. Immunisation against this disease was included in the County Council's scheme in September 1958.

Year	Primary				Booster		
	Age Under 1	Age 1-4	Age 5-14	Age 15+	Age 1-4	Age 5-14	Age 15+
1965	165	310	355	*	212	1589	*
1964	204	282	136	124	131	418	65
1963	242	306	504	219	100	284	44
1962	152	312	725	399	50	103	37
1961	282	329	1651	580	73	80	63

* Records of persons over 15 not available.

Table 23. B.C.G. VACCINATION AGAINST TUBERCULOSIS

This is given at the age of 13 years to all school children who do not react to the tuberculin skin test. Number of skin tests and subsequent B.C. G. vaccinations in Area 5 in the last five years is recorded.

Year	Number Skin Tested	Number Positive	Number B.C.G. Vaccinated
1965	556	86	427
1964	474	68	382
1963	472	97	352
1962	586	146	434
1961	426	104	303

THE ANNUAL REPORT OF THE PUBLIC HEALTH INSPECTOR

FOR THE YEAR 1965.

Mr. Chairman, Miss Oakes and Gentlemen,

I submit for your information the Annual Report of your Public Health Inspector for the year 1965.

I would thank the Chairman and Members of the Health Committee for their interest and help during the year and to express my appreciation for the assistance given by Dr. D.F. Hadman, Mr. C.R. Williamson and his staff.

D. Newson.

Public Health Inspector.

SEWERAGE, CONSERVANCY AND DRAINAGE

The total flow through the sewage works during 1965 was almost 95 million gallons which was an increase of some 17 million gallons over the previous year. With water consumption figures the same as in 1964, this increase of 17½% in the flow through the sewage works is fair comment on the weather conditions of 1965. But more important it gives some idea of the volume of water which could be diverted if separate storm water sewers were available in the town. It may be necessary at some future time to give consideration to such provision to enable the works to be put more fully to its main function of dealing with sewage.

A series of samples were taken of 'trade effluents' and gave interesting results as to B.O.D. and suspended solids but more tests are needed before one can fairly assess the normal strength of such effluents.

WATER SUPPLIES

The total water consumption figure of 118 million gallons for the year was the same as in 1964. The works continued to function satisfactorily apart from a breakdown of No. 4 pump which, however, was got back into service before any serious inconvenience was caused to consumers.

The water has continued to be of good chemical and bacterial quality.

Further tests were taken during the year to check on the fluoride content of the town water and the results showed that borehole No. 1 was yielding water with 0.2 p.p.m. and borehole No. 2 with 0.35 p.p.m. and borehole No. 4 with 0.70 p.p.m. The normal use of the different boreholes and the resultant mixing of the water would result in an average of about 0.56 p.p.m. fluoride - or approximately half the recommended dosage. The Norfolk County Council decided against the addition of fluoride to water supplies in the county area, and so no further action can be taken by Diss Urban District Council at the present time.

HOUSING

(a) <u>New Housing Accommodation</u>

During the year good progress was made towards the completion of the last phase of the Skelton Road Estate and a further 26 x 3 bedroom houses, 14 x 2 bedroom houses and 16 x 1 bedroom flats were finished and occupied during the twelve months. These 56 units of new accommodation provided homes for 158 persons (129 of whom were already living within the U.D. area and 29 from outside).

A further 15 properties became available for re-letting (including 2 aged person's bungalows) and a further 46 people were re-housed into these (33 of whom were already living within the urban district area and 13 from outside).

During the year 27 private dwellings were completed and occupied and one other property which had been subject to a Closing Order was renovated and brought back into use. To partly set against this were 6 units of accommodation lost by conversion or demolished to make way for other developments.

(b) Council House Applicants

During the year 96 fresh applications were added to the list of families requesting the allocation of Council housing accommodation. This is slightly less than the previous year but is partly accounted for by the Council deciding not to accept on to the main waiting list those persons who neither live nor work in Diss. At the end of the year there remained 199 cases on the list who come within one or other of these categories.

(c) Unfit Properties

During 1965 a total of 11 unfit houses were formally dealt with under the provisions of the Housing Act, 1957, and were made subject to Closing or demolition Orders.

From houses already subject to such Orders 16 familes (total of 46 persons) were re-housed into Council accommodation.

Since 1945 a total of 131 houses have been formally dealt with by the Council as unfit for habitation. In the 6 years ended 31.12.1965, 79 of that number have been dealt with whilst 131 new Council properties (plus 19 in the aged persons scheme) have been completed and occupied in the same period. This is a record which I think the Council should view with some satisfaction.

During the year the Ministry of Housing and Local Government required local authorities to submit an estimate of the number of houses considered to be unfit for human habitation by the standard now applied when considering whether property should be condemned. The number of properties included in such return was 178. This may seem to be rather high, representing as it does slightly more than 10% of the total number of properties in the Town. It must be borne in mind, however, that this figure includes an appreciable number of 'border line' properties which may well be saved if owners are prepared to repair and improve them in the next five years or so. Indeed by the end of the year it already seems probable that eleven properties will be able to be excluded from this list.

(d) Improvement Grants

During the year a further 23 applications were approved for Standard Improvement Grants, bringing the total number of such grants approved to 101. Payments of £1,454.3.8d. were made in respect of eleven properties in which improvement works had been completed. The total amount of money paid out in Standard Improvement Grants has now reached £8,312.6.7d. for 71 properties improved.

The 23 grants approved during the year included six cases where it was agreed to give the extended financial assistance which the Housing Act, 1964, made possible.

FOOD PREMISES

During the year a total of 108 visits were made to food premises in the town. It was only necessary for five informal notices to be served in respect of minor contraventions of the Food Hygiene Regulations.

Two food premises were in course of carrying out major schemes of reconstruction and in both cases discussions resulted in modification of original schemes to ensure full compliance with the Food

Hygiene Regulations.

Two complaints were made concerning the condition of food sold from local shops. One related to the mouldy condition of certain packeted cakes and this was found to be due to the shopkeeper not using his stock in proper rotation and keeping the goods too long on his counter.

The other complaint related to the condition of a certain canned meat product. The manufacturers voluntarily withdrew the remainder of this particular consignment following laboratory tests.

Series of swab tests were carried out on equipment in use at certain food premises to check on the bacterial cleanliness of knives, slicing machines, cutting benches, servers etc. Whilst many more tests will have to be carried out before any definite conclusions can be arrived at, it does seem that with the proper use of bactericides for washing equipment in place of the ordinary household detergent much improved bacterial standards are obtainable.

During the year condemnations of unsound food resulted in the following being dealt with as unfit:-

60 lbs. carcase meat

51 lbs. cooked meat and meat products

414 lbs. tinned meat

18 lbs. tinned fish

268 lbs. tinned fruit and vegetables

50 lbs. other foods

SLAUGHTER FACILITIES AND MEAT INSPECTION

The total number of animals slaughtered at the Chapel Street slaughterhouse in 1965 was an increase on last year and is the greatest throughput since 1953. There has been a big increase in the number of pigs being slaughtered - an increase of 35% over the preceding two years.

Year	Cattle	Pigs	Sheep	Calves	Total
1965	900	1630	363	NIL	2893
1964	901	1207	302	3	2413
1963	1062	1205	403	3	2673

Meat and offal condemned amounted to 12 cwts. 55 lbs. This figure is slightly higher than average but appreciably lower than the amount of meat and offal condemned as unfit for human consumption in 1964.

No whole carcases had to be condemned.

No tuberculosis was found in cattle and only slight T.B. in 1.8%

of all pigs.

Minor diseased conditions were found in 6.3% of all cattle, 6.4% of all pigs and 5.6% of all sheep. The greatest part of these diseased conditions were found in livers and were caused by liver fluke, abscesses or parasitic infections. No cases of cysticercus bovis were found during the year. The number of visits made by your Public Health Inspector to the slaughterhouse has again increased to 334.

REFUSE COLLECTION AND DISPOSAL

The additional new dwellings in the town again increased the total volume of refuse collected during the year. It became increasingly difficult to regularly maintain the weekly collection service and by the end of the year the crew were working at about 105% capacity to keep the service going. It is to be hoped that 1966 will see a new collection vehicle of much larger carrying capacity so that more time can be spent on the actual emptying of bins and less time on running to and fro the tip in order to empty the vehicle.

SWIMMING POOL

The cold sunless summer meant rather less use than normally of the "Blue Wave" swimming pool. Regular samples of the water were taken for bacterial examination and showed that the pool water was being kept in an excellent state of cleanliness.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963.

During 1965 a further 7 premises were added to the register kept under the Offices, Shops and Railway Premises Act, 1963, bringing the total to 130 and the number of persons employed in these premises to 630.

The general inspection of 26 registered premises was carried out, which means that approximately 25% of the shops and offices registered by the Council have been inspected.

It is now possible to make some comments on the various sections of the Act.

Section 4 (Cleanliness)

Premises generally are kept in a clean state but there have been a few examples of rather dirty conditions in parts of premises away from the public eye. Certain furnishings and fittings are often overlooked by office cleaners and it is not uncommon to find tops of cupboards, filing cabinets, etc. liberally covered with the dust and dirt of many months.

Section 5 (Overcrowding)

It has not so far been necessary to draw owners' attention to any premises so overcrowded as to cause risk of injury to the health of persons working in them. It is considered unlikely that there will be many cases where the "room space" standards will be contravened when those standards become generally enforceable in 1967.

Section 6 (Temperature)

The requirement that a minimum temperature of 16°C (60.8°F) shall be maintained after the first hour of working is one which is not being achieved in an appreciable number of cases.

In some cases this is due to insufficient or unsuitable means of heating and, in other cases, to heating systems not being turned on sufficiently early to ensure premises being warmed up until well into the working day.

Certain shops of course cannot be kept at anything like the prescribed minimum temperature as this could adversely affect stock (e.g. fishmongers, butchers, etc.). In such cases employees should have "conveniently accessible and effective means" of warming themselves and must be given reasonable opportunities for using these means. In a few cases it may be difficult to provide such facilities and, in all cases, employers will be concerned that staff may abuse such provisions. One can well appreciate the employer's attitude when he is reluctant to provide a comfortable, warm staff room and then find his staff spend more time there than in the shop. I feel one may be forced to accept that, in a small number of cases, complete compliance with Section 6 may not be possible.

In nearly all cases it has been necessary to require the provision of thermometers.

Section 7 (Ventilation)

No serious contraventions of the requirements of this section have been encountered.

Section 8 (Lighting)

This section is one which causes enforcement difficulties at the present time in the absence of any prescribed standard of lighting. Some business owners are prepared to admit that the lighting in part of their premises is poor but others are reluctant to concede the point even though desired improvement could quite easily be achieved and at no great cost.

At the request of the Ministry of Labour some investigation into lighting of premises was carried out in the dark days of November. The general conclusion to which one comes is that the more modern shop and office premises generally have a quite satisfactory standard of lighting at around 30 lumens per sq. ft. Even so there are a few exceptions where the odd desk or filing cabinet is tucked away in a rather dark corner.

In the main the older type offices are often below any reasonable standard of lighting. In no case was a standard of less than 5 lumens per sq. ft. observed but in at least 3 premises a standard of between 5 and 10 lumens per sq. ft. (with artificial lights on) was recorded in offices where persons were employed full-time. In the main the older offices were found to have lighting in the range 15-25 lumens per sq. ft. as compared with the Illuminated Engineering Society's recommended code of 30 lumens per sq. ft. minimum. From personal observations, I would feel that the minimum recommended standard to aim at should be in the region of 25 lumens per sq. ft. and it should not be difficult to achieve this standard. In many instances appreciable improvement would be obtained by moving desks to obtain better benefit from existing natural lighting sources. Even on a dull November day it was found that in several offices much improvement could this be obtained (up to 15 lumens per sq. ft. more light). Further improvements

can be obtained by installing modern strip lighting or by the use of individual desk lamps.

The standard of lighting in most shops is generally good - in excess of 30 lumens per sq. ft. There are one or two notable exceptions and this is rather surprising for one would have felt that good lighting would have been one of the essentials to attracting more shoppers. The lighting situation behind the scenes, however, is not so satisfactory. It was not uncommon to find preparation rooms etc. (where people are working full time) with lighting in the 10 - 15 lumens per sq. ft. category, and in very few instances could lighting in such rooms and in many passages and stairways be considered really adequate.

Section 9 (Sanitary Conveniences)

In the premises so far inspected it is found that water closets are nearly always provided and at least up to the number required by the Sanitary Conveniences Regulations, 1964. Generally such toilets are in a clean and satisfactory condition although in some cases it is necessary to request the provision of electric lighting.

Section 10 (Washing Facilities)

The position with regard to washing facilities is not so satisfactory and it is being found necessary to require quite a number of premises to be provided with wash-basins and hot and cold water, soap and towels.

Sections 11 - 23 (General Provisions)

The majority of the points covered by these sections seem to be fairly well complied with except the provisions of section 16 relating to passages and stairs. There are some premises where there are stairs which can be potentially dangerous and to which attention will have to be given.

Notification of Accidents

Only three accidents were reported (under the requirements of Section 48) which caused an employee to be off his regular work for three days or more. One of these notifications only came in as a result of a direct approach I made to the employer, having heard of the accident from another source. It is difficult at this stage to know whether employees in shops and offices in Diss are particularly accident free or whether the requirement to notify is not yet fully understood.

General Conclusion

A circular outlining the main requirements of the Act was sent to all registered employers. This has resulted in a few employers requesting advice on certain points in order to ensure their premises complying with the requirements. In spite of being given these details, however, it is disappointing that when an inspection is carried out it is often found that simple provisions of the Act, like the provision of thermometers, first aid equipment and advice leaflets for staff, have not been provided.

It will probably be three or four years before all premises can be inspected, reported upon and fully brought up to standard. In the meantime when any new premises are to be opened up, or when alterations to existing ones are envisaged, every effort is made to ensure full compliance with the Act.

PRESCRIBED PARTICULARS REQUIRED BY SECTION 128 (3) FACTORIES ACT,1957

Premises	Number on Register	Number of Inspections	Number of Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by the Local Authority.	4	Nil	Nil	Nil
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	45	18	2	Nil
(iii) Other premises in which Section 7 is enforced by the Local Authority.	3	Nil	Nil	Nil

SUMMARY OF VISITS MADE BY THE PUBLIC HEALTH INSPECTOR

(a) General

Complaints Investigated	63
Visits re nuisances	80
Visits re insanitary conditions	8
Ditches, Watercourses etc.	10
Accumulations of rubbish etc.	6
Swimming Pool	8
Water Supplies	8
Factories	18
Smoke Nuisances	2
Game Licences	3
Pet Animals Act	2
Petroleum Regulations	24
Shops - General	28

(a) General contd.

Visits under Offices, Shops and Railway Premises Act	87
Rodent Control	280
Places of Entertainment etc.	3
Schools	6
Visits under Noise Abatement Act	2
Miscellaneous	38

(b) Housing

Visits under Housing and Public Health Acts	141
Visits re Improvement Grants	142
Visits re Over-crowding	3
Visits to Caravan Sites	81
Council Houses - General Inspections	30
Council Houses - for disrepairs etc.	737
Informal Notices Served	10
Formal Notices Served	Nil
Notices Complied with	10
Visits re Rent Act	11
Visits to Housing Applicants	84

(c) Infectious Diseases

Investigations	5

(d) Visits to Food Premises

Bakehouses	5
Grocers	24
Fish Shops	4
Ice Cream Manufacturers	2
Food Manufacturing Premises	10
Butchers Shops	21
Cafes and Restaurants	12
Market Stall and Mobile Food Premises	9
Visits re Unsound Food	21
Informal Notices under Food Hygiene Regulations	5

(e) Meat Inspection

Visits to Slaughterhouse	334

(f) Drainage and Conservancy

Drains Inspected and Tested	91
Obstructed Drains Cleared	64
Drains Found Defective	14
Visits re Septic Tank/Cesspools	18
Visits re Pail Closets	87
Visits re Trade Effluents	37

(g) Refuse Collection and Disposal

Visits re Collection and Disposal	114